

FY12 Management Plan Update Log								
		Column 1:	Column 2:	Column 3:	Column 4:	Column 5:		
Annual submission is required for all items below that have changed or have upcoming dates, such as Provider training plans.								
Section/Alpha	SA Initials	Name of Sponsoring Organization	Attachment Letter	Date of Most Recent Submission to MT CACFP (based on FFY11 Renewal)	Check if this document has been updated since the date in Column 2.	Please write the effective date of the updated document.	Check if the updated version of this document is included in the FFY12 Renewal Update	State agency comments
		<b>Sponsor Management Plan</b>						
		<b>Section 1: Accountability Controls</b>						
A		Bylaws			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
B		HIPAA Policy			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
C		Building for the Future Parent Notification			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
D		Mission Statement			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
E		Organizational Chart			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
		<b>Section 2: Financial &amp; Viability Controls</b>						
L		Fiscal Policies			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
		<b>Section 4: Organizational Capability</b>						
U		Evaluation Procedures			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
V		Job Descriptions			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
W		Outside Employment Policy			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
X		Personnel Policies			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY11 unless updated
Y		Staff Training			<input type="checkbox"/>		<input type="checkbox"/>	
Z		List of Board of Directors			<input type="checkbox"/>		<input type="checkbox"/>	
		<b>Section 5: Claim Submission &amp; Minute Menu Procedures</b>						
BB		Late Claim Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
DD		Manual Claim Verification Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
		<b>Section 6: Licensing, Preapproval, Provider Training</b>						
DD		Provider Training Plan			<input type="checkbox"/>		<input type="checkbox"/>	Revised - FY09
		<b>Section 7: Monitoring</b>						
EE		5-Day Meal Reconciliation Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
FF		FTE Monitor Staffing Standards			<input type="checkbox"/>		<input type="checkbox"/>	
GG		Household Contact/Parent Survey Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
HH		Meal Disallowance Policy			<input type="checkbox"/>		<input type="checkbox"/>	
II		Monitoring Plan			<input type="checkbox"/>		<input type="checkbox"/>	Revised - FY09
JJ		Monitor Training Plan			<input type="checkbox"/>		<input type="checkbox"/>	Revised - FY09
		<b>Section 8: Corrective Action &amp; Serious Deficiency</b>						
KK		Corrective Action Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
LL		Serious Deficiency Designations			<input type="checkbox"/>		<input type="checkbox"/>	
		<b>Section 10: Tier Determination Procedures</b>						
MM		Supplementary Tiering Procedure			<input type="checkbox"/>		<input type="checkbox"/>	